## LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State

To Be Filed By: L-3

LOBBYISTS (Sec. 67-6619)

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, ,	ype or print elea- se instructions at					STATE OF	IDAŁ	10	
Lobbyist's name and			Date	Date prepared Period covered					
Michael J Gifford							Z	] month en	ding
110 N 27th Boise, ID 8					03/09/07		(Mo.)	(Day)	(Yr.)
<b>,</b>							02	28	07
Item Tota	ls of all reportal	ble expenditures made o	r incurred by L	obbyist or b	y Lobbyist's Empl	oyer on behalf	of Lobby	ist's Emplo	уег.
Category of I Rembined Personal	Living and Travel	*Total Amount for All Employers		roportionate amounts contributed by each employer (Identify employersem 3, at bottom of page.)					
Do Not Have to		An Employers	Employer N	io. 1	Employer No. 2	Employer N	n. 3 Employer No. 4		
Entertainment Food and Refreshm	nent	s 120.04	s 12	0.04 s		s		S	
Living Accommode	ations					n . 11D**********************************			
Advertising			*						
Travel		· ************************************			Pd	16			· · · · · · ·
<b>Folephone</b>							» ····	#11	
Other Expenses or	Services				,		1 11*		
PERSONNEL SE	Total	s 120.04	s 12	0.04 s	0.00	s	0.00	S	0.00
				1		l	ı		
		u are reporting for require ture of more than fifly de							on Page 1.
2 Date	Of Chich expenses	Place	λιαι» (ΦΟΟ) 10) ε	Amount	Names of Legis				in Group
		NONE							
				,					
Continued or	attached page(s)			<del></del>	7			***************************************	
	INST	RUCTIONS	Item 3	Employor(s) Name(s) and Address(c1)					
What should fil	la this forms. A	ny lobbyist registered to	nder Section	140, 1	laho AGC				
67-6617 Idaho		TÀ 1000À1st 1081steten m	1	110 N 27th Street, Boise, ID 83702					
	e: Mouthly re ities of the past	ports due within ten (1 month.	No. 2	No. 2					
TO BE FILED									
		en Ysursa eary of State	No. 3						
	PO	Box 83720		Mark The Control of t	and design			gpc 1	
Pho		ID 83720-0080 852 Fax: (208) 334-23	282	No. 4					

Itom 4	personal property to any Legislator. Public of Executive Official or for on behalf of any Legislator. Public of Executive Office										
	Date		Amount	Nat	Name of Legislator, Public or Executive Official Receiving or Benefiting						
ltem 5	or Ho	usc Bill,		NONE  ion, the number of the Senate legislative activity in which sposing.	Cud	e Subject		IDENTIFICATION Subject			
Subject	Code	Bill, Re	solution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs			
(from 29 11 08	table)	Legislati G	ARVEE HB245 community Colleges	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Ecology, environment pollution, conservation, zoning, land and water use Retreation Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs. Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Mousing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons Liceose, pennits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Souisl insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, atreets and roads Utilities, communications, televisions, tadio, nowspaper, power, CATV, gas Other (please specify)			
6	bid or b		s. financial service	ision, producement, confract, s or bond lobbyist was		CERTIFICATION: I hereby contil correct statement in accordance we have the continued of the					